

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO

EXPIRATION DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT								
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
1	✓						51						
2		X					52						
3		X					53						
4		X					54						
5		X					55						
6		X					56						
7		X					57						
8		X					58						
9		X					59						
10		X					60						
11		X					61						
12		X					62						
13		X					63						
14		X					64						
15		X					65						
16		X					66						
17		X					67						
18		X					68						
19		X					69						
20		X					70						
21		X					71						
22		X					72						
23		X					73						
24		X					74						
25		X					75						
26		X					76						
27		X					77						
28		X					78						
29		X					79						
30		X					80						
31		X					81						
32		6					82						
33		5					83						
34		5					84						
35		5					85						
36		5					86						
37		5					87						
38		5					88						
39		X					89						
40	✓						90						
41		X					91						
42		X					92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2						TOTAL IND.						
TOTAL DEP.	69						TOTAL DEP.						
TOTAL CLAIMS	70						TOTAL CLAIMS						